Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL I	
TOTAL CLAIMS			64		, , , , , , , , , , , , , , , , , , , ,		RATI		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA	BASIC	EE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			64 minus 20=		. 44		X\$ 9	=		OR	X\$18=	792
INDEPENDENT CLAIMS			# minus 3 =		. /		X40:	=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM PRESENT					·		+135	_		OR	+270=	
* If the difference in column 1 is less than zero, enter "0						olumn 2	TOTA	ſL		OR	TOTAL	1582
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								LL E	NTITY	OR	OTHER SMALL	
AMENDMENT A	9.5	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<u>.</u>	= .	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus	***	T CL AINA]=	X40:	=]		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF MU	DETIPLE DEP	ENDEN	CLAIM		+135	=		OR	+270=	
							TO ADDIT. F	TAL		OR	TOTAL ADDIT, FEE	
		(Column 1)			mn 2)	(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	19.00 mg	NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	Ш	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	T CL AINA	=	X40	=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JUITPLE DEF	ENDEN	CLAIM		+135	#		OR	+270=	
							TO ADDIT. F	TAL EE		OR	TOTAL ADDIT, FEE	
		(Column 1)			mn 2)	(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=	,	OR	X\$18=	
	Independent	*	Minus	***	T CL AIN	<u> -</u>	X40:	=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT C						+135	=		OR	+270=	
	If the entry in colu	mn 1 is less than t mber Previously P	he entry in colu	mn 2, wri	te "0" in co	olumn 3. an 20. enter "20."	. TO	ΓAL		OR	TOTAL	
••	If the "Highest Nu	mber Previously P Imber Previously P Inber Previously Pa	aid For" IN THI	S SPACE	is less tha	an 3, enter "3."	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		propriate bo	j	ADDIT. FEE olumn 1.	